

Foster Family Home - Corrective Action Report

Provider ID: 1-580234

Home Name: Leonora Antonio, CNA

Review ID: 1-580234-6

94-1075 Puloku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/18/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 1/18/20.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- Ecrim expired on 12/2/18 for CG#1, CG#2, and CG#3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- No current tuberculosis clearance for CG#2; last record in home binder is on 5/3/2007.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation done for CG#1, CG#2, and CG#3 on [REDACTED] for Client #1. For Client #2 there was no RN delegation done for [REDACTED] and Basic Skills Checklist for CG#2 and CG#3.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No completed monthly fire drills forms for the years 2018 and 2019; last completed in 12/2017.

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Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No RN delegation done for CG#1, CG#2, and CG#3 on [REDACTED] for Client #1.

Foster Family Home

Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

- 53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(a), (b)(1)- Client #1 is without a written CCFFH Admission Policies and Agreement form signed upon admission.

Foster Family Home

Records

[11-800-54]

- 54.(c)(5) Medication schedule checklist;

- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- No Medication Administration Record started for December 2019.

Client #2- 4 medication bottles do not match MD orders and MAR. Last signed entry on MAR is on 12/2/19.

54.(c)(6)- ADL's/Personal Care Flowsheet for Client #1 is incomplete with last entry on 12/13/19 and for Client #2 with last entry on 12/2/19.

Shantel Nakamine, NC

Compliance Manager

[Signature]

Primary Care Giver

12/18/19

Date

12/18/19

Date

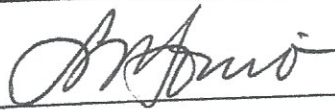
Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action report
Chapter 17-1454

CCFFH Name: LEONORA ANTONIO

CCFFH Address: 94-1075 PULOKU STREET, WAIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	Ecrim completed for CG#1, CG#2 and CG#3. Results were all green light. Documents were filled in home binder.	01/17/2020	CG#1 will use a simple calendar system to input all due dates to prevent any future lapses.
13.(1)(b)(5)	CG#2's TB Clearance was completed and placed in administrative binder.	01/17/2020	CG#1 will use a calendar to identify when requirements are due 2 months before they expire to allow time to complete requirements before they expire.
43.(c)(3)	RN delegation for [REDACTED] was completed for CG#1, CG#2 and CG#3 by CMA RN and filed in Client #1's chart. [REDACTED] Administration & Basic skills checklist were delegated by CMA RN for CG#2 & CG#3 and filed in Client #2's chart.	01/17/2020	Home will notify client's CMA when a new RN Delegation needs to be performed within 48 hours or when a new caregiver is added to home.

Primary Caregiver's Signature: _____



Print Name: LEONORA ANTONIO

Date of Signature: 01/29/2020

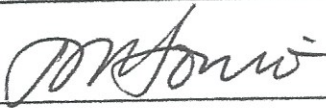
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CCFFH Name: LEONORA ANTONIO

CCFFH Address: 94-1075 PULOKU STREET, WAIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.(a)	Monthly fire drills started on December 31, 2019. Form was filed in home binder.	12/31/2019	Fire drills will be conducted monthly. CG#1 will use a calendar system to ensure each caregiver performs at least once a year.
47.(e)	RN Delegation performed on [REDACTED] for CG#1, CG#2 and CG#3. Signed form was filed in Clients #1's Chart.	01/17/2020	Home will notify client's CMA when a new RN Delegation needs to be performed within 48 hours or when a new caregiver is Added to home.
53.(a)(b)(1)	CCFFH Admission Policies and Agreement form was signed by client's representative and CG#1. Signed Copy was provided to Client#1 / POA. Original signed form was filed in Client#1's chart.	01/17/2020	In the future, this form will be made available to be signed on the day of admitting new clients.

Primary Caregiver's Signature: _____



Print Name: LEONORA ANTONIO

Date of Signature: 01/29/2020

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action report
Chapter 17-1454

CCFFH Name: LEONORA ANTONIO

CCFFH Address: 94-1075 PULOKU STREET, WAIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(5)	Medication discrepancies were corrected by client's CMA, MD & CG#1 on Medication Administration Record. Medication Administration Record was completed for December 2019 for Client #1 and filed in the client's chart.	01/17/2020	CG#1 will review all medications order, bottles and MAR to ensure all match before giving any new medications. CG#1 will notify the CMA Pharmacy and/or MD if they are different. CG#1 will prepare next month's Medication Administration Record one week prior to the start of the new month.
54.(c)(6)	ADL/Personal Care Flow sheet was completed for Client #1 and filed client's chart		All caregivers will document daily on the flow sheet. CG#1 will review form for completeness.

Primary Caregiver's Signature: _____



Print Name: LEONORA ANTONIO

Date of Signature: 01/29/2020